



Antelope Valley Air Quality Management District
43301 Division Street, Suite 206, Lancaster, CA 93539-4038
661.723.8070 • FAX 661.723.3450

REQUEST TO CANCEL A PERMIT TO OPERATE (PTO)

PERMIT ISSUED TO: _____

EQUIPMENT LOCATION: _____

PERMIT NO: _____ DATE ISSUED: _____

EQUIPMENT DESCRIPTION: _____

CANCELLATION OF THE PERMIT DESCRIBED ABOVE IS HEREBY REQUESTED FOR THE FOLLOWING REASON:

- ☐ Equipment sold, replaced, destroyed, or removed from premises.
- ☐ Equipment will no longer be used.
- ☐ Equipment is exempt from permit requirement by Rule 219 _____
- ☐ Replaced by Statewide Permit? Please attach copies of Statewide Permits.
- ☐ Other: _____

IT IS UNDERSTOOD THAT ANY FUTURE USE OF THIS EQUIPMENT MAY REQUIRE A NEW PERMIT APPLICATION IN ACCORDANCE WITH THE LAWS THEN IN EFFECT.

Signature, responsible member of organization

Title

Printed Name

Telephone No.

Date

AVAQMD USE ONLY

Signature of Engineering Supervisor

Date